

STATE OF WASHINGTON  
**EXCESS RATE APPLICATION**  
**Property & Casualty Insurance**

To: Office of Insurance Commissioner  
P.O. Box 40255  
Olympia, WA 98504-0255

Please approve for \_\_\_\_\_ the following premiums, which are  
(INSURANCE COMPANY)  
based on rates that I understand to be in excess of its filed rates.

**INSURED'S  
NAME AND  
MAILING  
ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICY TERM**

INCEPTION (MO/DAY/YR)

EXPIRATION (MO/DAY/YR)

YEARS

	DESCRIPTION OF COVERAGE, LOCATION, AND LIMITS	STANDARD PREMIUM	PROPOSED PREMIUM	SURCHARGE %
CASUALTY				
PROPERTY				

**REASON FOR SURCHARGE:**

I understand the STANDARD PREMIUM (using filed rates) for the desired coverage to be \$ \_\_\_\_\_

The PROPOSED PREMIUM to which I have agreed is \$ \_\_\_\_\_, which has been calculated at \_\_\_\_\_ %  
in excess of STANDARD PREMIUM. I am agreeable to paying the PROPOSED PREMIUM because I have been unable  
to obtain insurance at filed rates.

**NAME AND  
ADDRESS  
(Print or Type)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X**

SIGNATURE

TITLE (If the insured is not an individual)

DATE

**THIS FORM  
SHALL BE  
RETURNED TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X**

AGENT'S SIGNATURE

DATE